APPLICATION FOR A CONSENT TO ENCROACH AGREEMENT

Full name(s) of property owner:	
Address of Property Owner:	
Applicant's phone number:	
Applicant's e-mail address:	
Subdivision/Project Name:*	
Subdivision/Project Lot Number:* _	2
Encroachment Requested:	
should be to scale if possible. It shallines and all right of way and right of	to accompany the Agreement. The drawing nould indicate all easements and easement of way lines. The drawing should show the nd all necessary dimensions relating to the
8 ½ X 11 Exhibit Provided	Yes No
*If the property is not within a platted deed for the property or a legal des need the date the deed was recorded	ed subdivision, we will require a copy of the cription of the property. In addition, we will ed, instrument number, etc.

Please submit application to:

City of Carmel Department of Engineering One Civic Square Carmel, Indiana 46032 Phone: (317) 571-2364; Fax (317)571-2439